



Pick Your Path to Health

Access to Good Health Care, Breaking Through the Isolation

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Many years ago, I visited my uncle in a TB sanitarium where he underwent long term treatment. He caught TB working with a bush pilot bringing very sick Inuit and Cree people from their northern communities to hospitals in the south. He told me that his heart was broken seeing these people airlifted. "The people don't die of their disease," he said. "They die from isolation; from being cut off from everything they hold dear." This is one of those thoughts that I have carried around ever since.

Access to health care for Indian people is still a major problem. And the problem is still much more than having a clinic or a doctor's office nearby. It is in the spirit of all the people who have passed on, alone, afraid, and cut off from everything they held dear that I offer this discussion.

At the bottom of any talk about health care is the question of enough money to do it right. Money determines how far you must travel to a clinic that will accept you and what kind of services will be available once you get there. For most of us today, the only place to get health care is a tribal clinic, a public clinic, or a facility run by the Indian Health Service (IHS). This is because only one third of our population has private health care insurance that would allow us to go anywhere else. So you might say that makes us a captive audience in a situation dependent on enough money to work well.

According to Pamela Kingfisher, a Native health care researcher, Congress has given only 25 percent of the level of money authorized in the Indian Health Care Improvement Act of 1976. This Act was drawn up to provide proper health care and education for Indian people. In any given year, the government spends around half the health care money on Indian people that it does on other Americans. Because of funding shortages and challenges, we need to think about making the most of the services offered by the existing clinics where we live. Here are some ideas on how to do that.

Once an Indian woman is inside a clinic that accepts her, many times she is seen and treated by someone who practices only the western form of medicine. There is nothing wrong with this. In many, maybe even most cases, it gets the job done and we are satisfied. But, for many of us, there is a vast difference between the notion of treatment and the concept of healing.

Pamela Kingfisher points out that, as Indian women, "We have been and are the keepers of our culture and the traditional healing knowledge of the Grandmothers." Those healing ways have always been based on rekindling the balance of spirit, body, emotions, and intellect. We know that treatment without healing is only temporary and may touch only one or two of these four elements.

In many communities, there is a strong movement to bring back the old ways for healing the four elements of life and combining them with the best of western medicine forms of treatment. Pamela Kingfisher speaks of several projects throughout the United States that have had great success in doing this already. These projects have shown that when you bring in traditional healing, you can improve the people's general health and balance by spending less money on expensive western medicine. You might say, this is a powerful message. It might even be one of the ways to fight the isolation that broke my uncle's heart. And, with all the talk of runaway spending in health care in the United States, maybe the rest of America could learn something important from these projects.

With these successes in mind, the U.S. Department of Health and Human Services recently announced that they are giving American Indian and Alaskan Native tribes the right to operate, control, and redesign most IHS programs and activities if they want to do so.

While this new approach is tested, there is much we can do in our individual communities above and beyond national policies. For the rest of us, it might be more helpful to separate the big picture of providing effective and sensitive health care for all Indian people from what we can do in our individual communities.

Pamela Kingfisher says it well when she states, "Indigenous women are the mothers of their nations and that means all issues affect us. We need to maintain jurisdiction over family, nutrition, and health, but go beyond as advocates for the survival of our people and future generations."

We have an important role to play in building a good health care system in all our communities. First, we can raise our voices to make sure there is enough money and there is access to a clinic within a reasonable distance. Then we can recall the healing traditions of our Grandmothers and make sure they are made available alongside good western medicine. We can make a difference in the health of our families, our communities and ourselves right now by using those health services already available to us. One way to do that is to schedule an annual physical exam for you and everyone in your family where you know you will find good care.

There is much to do, and we are equal to the task.

Here are a few good sources of information to help lead you on the path to better health.

- Pamela J. Kingfisher, *The Health Status of Indigenous Women of the U.S.: American Indian, Alaska Native and Native Hawaiians*, (Beijing Conference, 2000), <http://www.hc-sc.gc.ca/canusa/papers/usa/english/indigen.htm>.
- Jennie Roe, Jacquetta Swift, Robert, S. Young, *The Rationing of Healthcare and Health Disparity for the American Indians/Alaska Natives*, 2002, <http://books.nap.edu/books/030908265X/html/310.html#pagetop>. You can read this document directly online.

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